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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Miami County DeLa No. St.
(Registration District)

SEX OF CHILD* Twin Triplet or other? { and { Number in order of birth

MaleDATE OF BIRTH* March 2, 1922
(Month) (Day) (Year)FULL*
NAME

FATHER

FULL*
MAIDEN
NAME

MOTHER

Jorge Villalobos
Petra ArnelanI HEREBY CERTIFY that the child described herein
has been namedBartolo Villalobos
(Give name in full) (Surname)Augustin Dizon
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 7/11/40

252-302-762

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5-14-1922
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